

Restricted Use Data Request Form

Please complete the following questions for restricted-use data, making corrections to pre-printed information where appropriate (use additional sheets if necessary).

Name _____ Organization _____
 Address _____
 Phone _____

IMPORTANT! Please include your Federal Tax ID _____ OR your Social Security No: _____

1. Brief description of the project or study proposed: _____

2. Purpose of the project or study: _____

3. What type of data would you like to obtain: (See next page for complete list of available categories.)

Provide a brief description of the level of detail of data requested. _____

4. Has this project or study protocol been approved by an internal review board? Yes _____ No _____ N/A _____

5. a. Description of the data security procedures you or your organization will follow complete with who has responsibility for security of the data: _____

b. Who has access to the data? _____

6. a. Description of the proposed use and/or release of the data: _____

b. If data is to be released, how? _____

Format Needed:

Hard Copy (paper, mailed) CD Fixed Width Comma Delimited Excel Other (Specify)

7. How would you like your data provided? (Mail, Fax, FedEx, e-mail, etc.)

Agency Website: www.khpa.ks.gov
 Address: Rm. 900-N, Landon Building, 900 SW Jackson Street, Topeka, KS 66612-1220

Medicaid and HealthWave:
 Phone: 785-296-3981
 Fax: 785-296-4813

State Employee Health
 Benefits and Plan Purchasing:
 Phone: 785-296-6280
 Fax: 785-368-7180

State Self Insurance Fund:
 Phone: 785-296-2364
 Fax: 785-296-6995

Type of Data Requested

Kansas State Board of Healing Arts

MDs
DOs
Physician Assistants
Occupational Therapists
Occupational Therapy Assistants
Physical Therapists
Physical Therapy Assistants
Respiratory Therapists
Chiropractors
Podiatrists
Athletic Trainers
Naturopaths (NDs)
Radiologic Technologists
Resident Physicians
Institutional
Contact Lens Technicians

Behavioral Sciences Regulatory Board

Psychologists
 Masters (LMLP)
 Ph D (LP)
Social workers
 Associates (LASW)
 Masters (LMSW)
 Bachelors (LBSW)
 Clinical (LSCSW)
Licensed Professional Counselors (LPC)
Licensed Clinical Professional Counselors (LCPC)
Family and Marriage Therapists (LMFT)
Clinical Family and Marriage Therapists (LCMFT)
Clinical Psychotherapists (LCP)
Alcohol/Drug Abuse Counselors (RAODAC)

Health Occupations Credentialing

Audiologists
Speech Pathologists
Adult Care Home Administrators
Dietitians
Certified Nurse Aides (CNAs)
Certified Medication Aides (CMAs)
Home Health Aides

Kansas State Board of Nursing

Licensed Practical Nurses (LPN)
Registered Nurses (RN)
Licensed Mental Health Technicians (LMHT)
Advanced Registered Nurse Practitioners (ARNP)
Registered Nurse Anesthetists (RNA)

Kansas State Board of Pharmacy

Pharmacists
Pharmacies
Manufacturers
Distributors
Non-Prescription Distributors
Retail Dealers
Ambulances
Analytical Labs
County Health/Family Planning Centers
Institutional Drug Rooms
Research and Teaching
Non-Resident Pharmacies
Pharmacy Technician
Pharmacy Interns

Kansas Dental Board

Dentists
Dental Hygienists

Kansas Board of Emergency Medical Services

EMT – Level One
EMT – Intermediate
EMT – Defibrillator
EMT – Intermediate Defibrillator
EMT – Paramedic (MICT)
EMT – First Responder

Kansas Board of Examiners in Optometry

Optometrists

Kansas Hospital Discharge Summary Data

Other _____

NOTE: All requests are subject to limitations on restricted and confidential fields.

CERTIFICATION STATEMENT

Kansas Statute 45-220 (c) prohibits the use of names or addresses derived from public records for the purpose of selling or offering for sale property or services including but not limited to marketing purposes.

(c) If access to public records of an agency or the purpose for which the records may be used is limited pursuant to K.S.A. 45-221 or K.S.A. 2004 Supp. 45-230, and amendments thereto, the agency may require a person requesting the records or information therein to provide written certification that:

- (1) The requester has a right of access to the records and the basis of that right; or
- (2) the requester does not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (B) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

Please sign and date where indicated below to certify that you do not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; nor (B) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

Signature of requestor_____

Date_____

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